



Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

October 8, 2010

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Yankee Hill Country Club, 7600 San Mateo Lane requesting a class C liquor license.

This location is requesting a new liquor license due to a change in ownership of the license.

Amy Wieseler, owner has requested that she be approved as the manager of the liquor license.

Background information on Mrs. Wieseler will be omitted as she is a currently approved liquor license manager.

The required training was completed on 6-12-2008.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



PREMISE INFORMATION

Trade Name (doing business as)

Yankee Hill Country Club

Street Address #1

7400 San Mateo Lane

(city)

Street Address #2

4200 San Mateo Lane

(country)

City

Lincoln

County

Lancaster

#2 Zip Code

68516

Premise Telephone number

402-423-8300

Is this location inside the city/village corporate limits:



YES



NO

Mail address (where you want receipt of mail from the Commission)

Name

Amy Wieseler -

Street Address

#1

8901 Augusta Dr.

Street Address

#2

City

Lincoln

State

NE

Zip Code

68526

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

READ CAREFULLY

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

**For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms

Length _____ feet

Width _____ feet

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

see attached

APPLICANT INFORMATION

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition

2. Are you buying the business of a current retail liquor license?

☒ YES ☐ NO

If yes, give name of business and liquor license number _____

a) Submit a copy of the sales agreement

b) Include a list of alcohol being purchased, list the name brand, container size and how many

c) Submit a list of the furniture, fixtures and equipment - only leasing no buying

3. Was this premise licensed as a liquor licensed business within the last two (2) years?

☒ YES ☐ NO

If yes, give name and license number _____

Yankee Hill Development + LLC

4. Are you filing a temporary operating permit to operate during the application process?

☒ YES ☐ NO

If yes:

a) Attach temporary operating permit (form 125)

b) Attach statement(s) from all beer wholesalers (in your particular geographical area) and all liquor wholesalers indicating that the seller is not delinquent or have any debts owed to the wholesalers.

5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

☐ YES ☒ NO

If yes, list the lender _____

6. Will any person or entity, other than applicant, be entitled to a share of the profits of this business?

☒ YES ☐ NO

If yes, explain. (All involved persons must be disclosed on application)

Lease income paid to property owner Guy Lammle
No silent partners

7. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☒ YES ☐ NO

If yes, list such item(s) and the owner.

All Fixtures/Eq. are leased from
Guy Lammle.

8. Is premise to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?

☐ YES ☒ NO

If yes, provide name and address of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)

9. Is anyone listed on this application a law enforcement officer?

☐ YES ☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business

a) List the individual(s) who will be authorized to write checks and/or withdrawals on accounts at this institution.

Wells Fargo - Amy + Russ Wieseler

12. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application.

Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

Himark Golf Course LLC
Bonkers Bar + Grill

13. List the alcohol related training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

- a) Individual, applicant only (no spouse)
- b) Partnership, all partners (no spouses)
- c) Corporation, manager only (no spouse)
- d) Limited Liability Company, manager only (no spouse)

Applicant Name	Date Trained (mm/yyyy)	Name of program where trained (name, city)
Amy Wieseler	03/2008	Lincoln, NE
		RHC Certi.

14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. **Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.**

- ☒ Lease: expiration date _____
- ☐ Deed
- ☐ Purchase Agreement

15. When do you intend to open for business? Nov 1

16. What will be the main nature of business? 18 golf course, snack bar, banquets

17. What are the anticipated hours of operation? variable on season

Summer 7am 12am *
Winter 8am 6pm

18. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. *extended for banquet when applicable

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR FROM	YEAR TO	SPOUSE: CITY & STATE	YEAR FROM	YEAR TO
8400 Augusta Dr. Lincoln, NE	'00	'07	8400 Augusta Lincoln, NE	'00	'07
8701 Augusta Lincoln, NE	'07	'10	8701 Augusta Lincoln, NE	'07	'10

If necessary attach a separate sheet.

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.

✓ Amy Wieseler
Signature of Applicant

Signature of Applicant

Signature of Applicant

Signature of Applicant

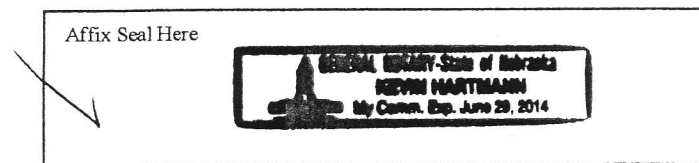
Signature of Applicant

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this September 17, 2010 by

Kevin Hartmann
Notary Public signature



✓ Russel L Wieseler
Signature of Spouse

Signature of Spouse

Signature of Spouse

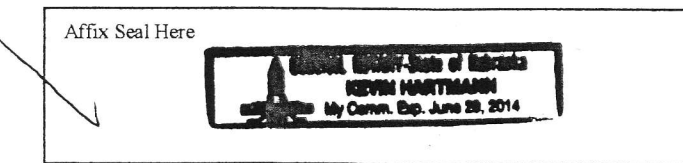
Signature of Spouse

Signature of Spouse

County of Lancaster

The foregoing instrument was acknowledged before me this September 17, 2010 by

Kevin Hartmann
Notary Public signature



in compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

**APPLICATION FOR TEMPORARY
OPERATING PERMIT (T.O.P.)**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

- This application may be submitted along with a completed application for liquor license
- Agreement is effective upon issuance of a Temporary Operating Permit (T.O.P.)
- Agreement is effective up to 90 days from issuance of T.O.P., no extensions

TOP# _____

On (date) 9/22/10 seller and buyer entered into a contract for sale of the business known as Yankee Hills, which contract is contingent upon buyer receiving approval for a liquor license to operate the business.

Seller and buyer agree to allow buyer to operate the business, subject to approval by the Nebraska Liquor Control Commission, (NLCC) for a period not to exceed 90 days no extensions.

☐ The purchaser shall supply the commission with documentation (statement from the wholesaler indicating balance is zero owed) from the seller that the seller is current on all accounts with any wholesaler under section 53-123.02.

Signature of seller

Signature of buyer

State of Nebraska

State of Nebraska

County of Lancaster

County of LANCASTER

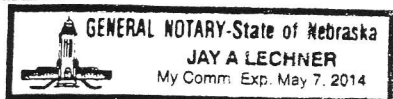
The forgoing instrument was acknowledge before
me this 9.22.2010
Date

The forgoing instrument was acknowledge before
me this 22nd day of September, 2010
Date

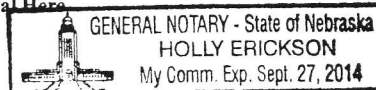
Notary Public Signature

Notary Public Signature

Affix Seal Here



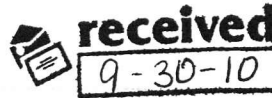
Affix Seal Here



**MANAGER APPLICATION
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use



Need for Amy & Russ
BL
Other reg
Voter reg

Corporate manager, including spouse, are required to adhere to the following requirements
If spouse filed affidavit of non-participation fingerprints and proof of citizenship not required

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of birth certificate, naturalization paper or US passport
- 4) Must submit fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

Corporation/Limited Liability Corporation (LLC) information

Name of Corporation/LLC: Yankee Hill LLC

Premise information

Premise License Number: _____
(if new application leave blank)

Premise Trade Name/DBA: Yankee Hill Country Club

Premise Street Address: 7600 San Mateo Lane

City: Lincoln, NE Zip Code: 68526

Premise Phone Number: 402-421-8300

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below:

Amy A Wuscher
CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☐ MALE ☒ FEMALE

Last Name: Wieseler First Name: Amy MI: IA

Home Address (include PO Box if applicable): 8701 Augusta Dr

City: Lincoln State: NE Zip Code: 68526

Home Phone Number: 484 8408 Business Phone Number: 488-7888 / 421-8301

Social Security Number: _____ Drivers License Number & State: NE 421-8301

Date Of Birth: _____ Place Of Birth: Lincoln

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☒ YES ☐ NO

Spouse's information

Spouses Last Name: Wieseler First Name: Russel MI: L

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: Yankton

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	TO	CITY & STATE	YEAR FROM	TO
8400 Augusta Dr	'00	'07	8400 Augusta Dr	'00	'07
8701 Augusta Dr	'07	'10	8701 Augusta Dr	'07	'10
Lincoln, NE			Lincoln, NE		

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
'94	present	Himar K Golf Course	Amy Wieseler	488 7888
			Guy Lammie	488 8295

Manager and spouse must review and answer the questions below.

PLEASE PRINT CLEARLY.

1. READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. **If more than one party, please list charges by each individual's name.**

☐ YES

☒ NO

If yes, please explain below or attach a separate page.

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? **IF YES**, list the name of the premise.

☒ YES

☐ NO

HIMARK Golf Course 71290
BUNKERS Grill 60499
(current licenses)

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

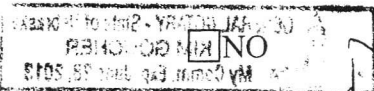
☒ YES

☐ NO

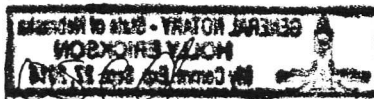
4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the Nebraska State Patrol for \$38.00 per person)

☒ YES

☐ NO



prints enc



5. Do you have any experience in selling alcohol in the State of Nebraska?
If so list training and/or experience (when and where)

Date:	Where:
2008	Lincoln, NE RHC Cert

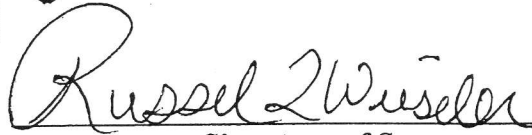
PERSONAL OATH AND CONSENT OF INVESTIGATION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.


Signature of Manager Applicant


Signature of Spouse

State of Nebraska

County of

LANCASTER

County of

LANCASTER

The foregoing instrument was acknowledged before me this 17th day of September, 2010 by

AMY A. WUESELER

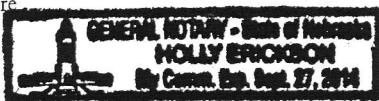

Notary Public signature

The foregoing instrument was acknowledged before me this 22nd of September 2010 by

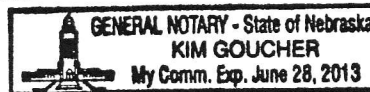


Notary Public signature

Affix Seal Here



Affix Seal Here



In compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

Revised 9/2008

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA STATE DEPARTMENT OF HEALTH, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF AN ORIGINAL RECORD ON FILE WITH THE STATE DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

JUL 28 1995
LINCOLN, NEBRASKA

Stanley S. Cooper

STANLEY S. COOPER
ASSISTANT STATE REGISTRAR
NEBRASKA DEPARTMENT OF HEALTH

STATE OF NEBRASKA—DEPARTMENT OF HEALTH

Bureau of Vital Statistics

128—

76

CERTIFICATE OF LIVE BIRTH

CHILD—NAME			DATE OF BIRTH (MONTH, DAY, YEAR)	HOUR
1 Amy Alyssa Lammle			1	7.36 p.m.
2 SEX	3 THIS BIRTH—SINGLE, TWIN, TRIPLET, ETC. (SPECIFY)	4 IF NOT SINGLE BIRTH—BORN FIRST, SECOND, THIRD, ETC. (SPECIFY)	5 COUNTY OF BIRTH	
1 Female	3 Single	4	5 Lancaster	
6 CITY, TOWN, OR LOCATION OF BIRTH			7 HOSPITAL—NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER)	
6 Lincoln			7 Bryan Memorial	
8 MOTHER—MAIDEN NAME			9 AGE (AT TIME OF THIS BIRTH)	10 STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)
8 Rita Lynn Gobber			9 22	10 Nebr.
11 RESIDENCE—STATE			12 INSIDE CITY LIMITS (SPECIFY YES OR NO)	13 STREET AND NUMBER
11 Nebr.			12 Yes	13 1000 Lancaster Ln.
14 FATHER—NAME			15 AGE (AT TIME OF THIS BIRTH)	16 STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)
14 Guy Michael Lammle			15 24	16 South Dakota
17 INFORMANT—NAME OR SIGNATURE			18 RELATION TO CHILD	
17 Rita Lammle			18 Mother	
19 CERTIFY THAT THE ABOVE-NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE.			20 DATE SIGNED (MONTH, DAY, YEAR)	21 ATTENDANT—M.D., D.O., OTHER (SPECIFY)
19 <i>W. D. Crabb, M.D.</i>			20 4-2-76	21 M.D.
22 SIGNATURE			23 MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
22 W. D. Crabb, M.D.			23 3145 O St., Lincoln, NE 68510	
24 REGISTRAR—SIGNATURE			25 DATE RECEIVED BY LOCAL REGISTRAR (MONTH DAY YEAR)	
24 <i>Stanley S. Cooper</i>			25 APR 5 1976	

35,584

STATE OF SOUTH DAKOTA
DEPARTMENT OF HEALTH
CERTIFICATE OF LIVE BIRTH

140-

COUNTY FILE NUMBER

BIRTH NUMBER

GIVEN NAME Russell Lawrence WIESELER			DATE OF BIRTH (MONTH, DAY, YEAR) 11:28a.	
MIDDLE NAME Lawrence			HOUR 11:28a.	
LAST NAME WIESELER			MINUTE 11:28a.	
SEX Male			COUNTY OF BIRTH Yankton	
THIS BIRTH—SINGLE, TWIN, TRIPLET, ETC. (SPECIFY) Single			IF NOT SINGLE BIRTH—BORN FIRST, SECOND, THIRD, ETC. (SPECIFY)	
CITY, TOWN, OR LOCATION OF BIRTH Yankton, South Dakota			HOSPITAL—NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER) Sacred Heart Hospital	
INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes			HOSPITAL—NAME	
MOTHER—MAIDEN NAME Romaine Marie Lammers			AGE (AT TIME OF THIS BIRTH) 31	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) South Dakota			STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	
RESIDENCE—STATE Nebraska			COUNTY Cedar	
CITY, TOWN, OR LOCATION St. Helena			INSIDE CITY LIMITS (SPECIFY YES OR NO) No	
FATHER—NAME Joseph Rudolph Wieseler			AGE (AT TIME OF THIS BIRTH) 34	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Nebraska			STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	
INFORMANT Mrs. Joseph R. Wieseler			RELATION TO CHILD Mother	
CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE GIVEN ABOVE.			DATE SIGNED (MONTH, DAY, YEAR) October 2, 1969	
SIGNATURE <i>R. R. Thornton</i>			ATTENDANT—M.D., D.O., MIDWIFE, OTHER (SPECIFY) M.D.	
CERTIFIER—NAME R. R. Thornton, M.D.			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Yankton Clinic, Yankton, South Dakota	
REGISTRAR—SIGNATURE Leo Klimisch			DATE RECEIVED BY LOCAL REGISTRAR MONTH DAY YEAR Oct 20 1969	

RACE—FATHER WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) White
RACE—MOTHER WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) White

SDS-9-JAN. 1, 1968

CERTIFIED COPY

I hereby certify that this is a true and correct reproduction of information appearing on a record filed in the Register of Deeds Office, Yankton County, Yankton, South Dakota

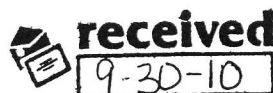
Date **March 4, 1988**
Issued

Lynette R. Larson
Register of Deeds, Yankton County

APPLICATION FOR LIQUOR LICENSE
LIMITED LIABILITY COMPANY (LLC)
INSERT - FORM 3b

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use



- 1) All members and spouses must be listed
- 2) Managing member or contact member must sign
- 3) Managing member and spouse must file fingerprint cards.
Spouse may file affidavit of nonparticipation in lieu of fingerprint cards.

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: Amy Wieselev

Name of Limited Liability Company that will hold license as listed on the Articles of Organization

Yankee Hill, LLC

LLC Address: 8901 Augusta Dr.

City: Lincoln State: NE Zip Code: 68526

LLC Phone Number: 488-7888 LLC Fax Number: 488 8091

Name of Managing/Contact Member

Name and information of contact member must be listed on following page

Last Name: Amy Wieselev First Name: Amy MI: A

Home Address: 8701 Augusta City: Lincoln

State: NE Zip Code: 68526 Home Phone Number: 484 8408

Amy A Wieselev

Signature of Managing/Contact Member

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

September 17, 2010

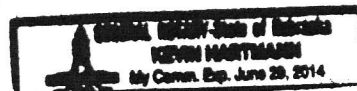
by Kevin Hartmann

name of person acknowledged

[Signature]

Notary Public signature

Affix Seal Here



List names of all members and their spouses (even if a spousal affidavit has been submitted)

✓ Last Name: Wieselev First Name: Amy MI: A

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Russ Wieselev

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership ~~100%~~ 50% / 50% / ~~50%~~

*signed
prints
voter reg*

BC

✓ Last Name: Wieselev First Name: Russel MI: L

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Amy Wieselev

Spouse Social Security Number _____ Date of Birth: _____

Percentage of member ownership 50% / 50

*signed
prints
voter reg*

BC

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

Is the applying Limited Liability Company controlled by another Corporation/Company?

☐ YES

☒ NO

If yes; name of corporation/company _____

☐ Submit organizational chart

☐ Submit articles of incorporation or authorization to do business in the state of Nebraska from
Secretary of State's office

Indicate the company's tax year with the IRS (Example January through December)

Starting Date: 1/1 Ending Date: 12/31

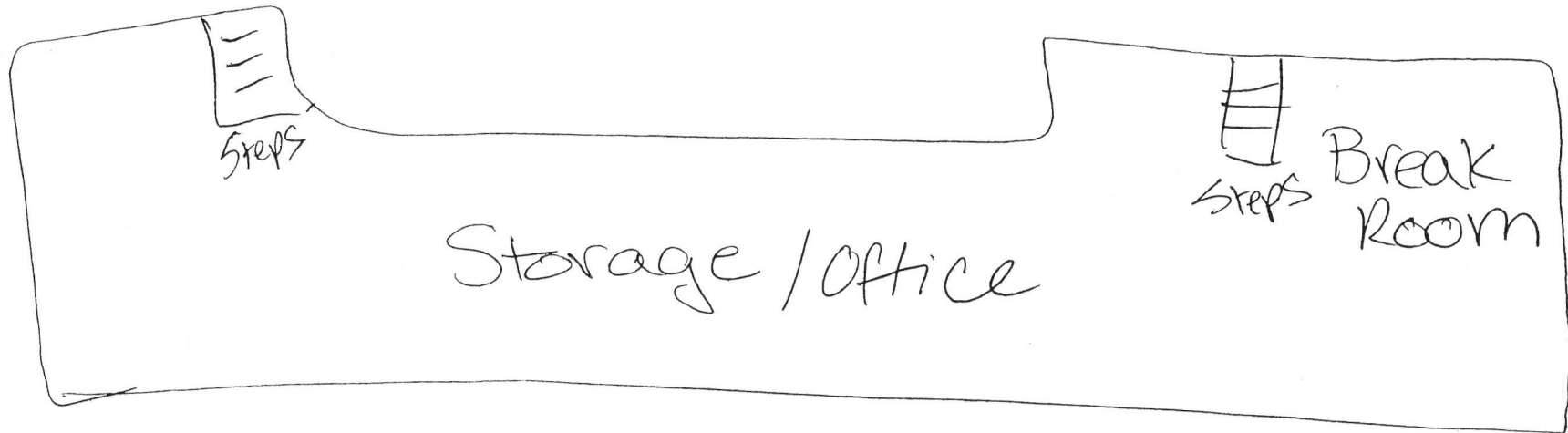
Is this a Non Profit Corporation?

☐ YES

☒ NO

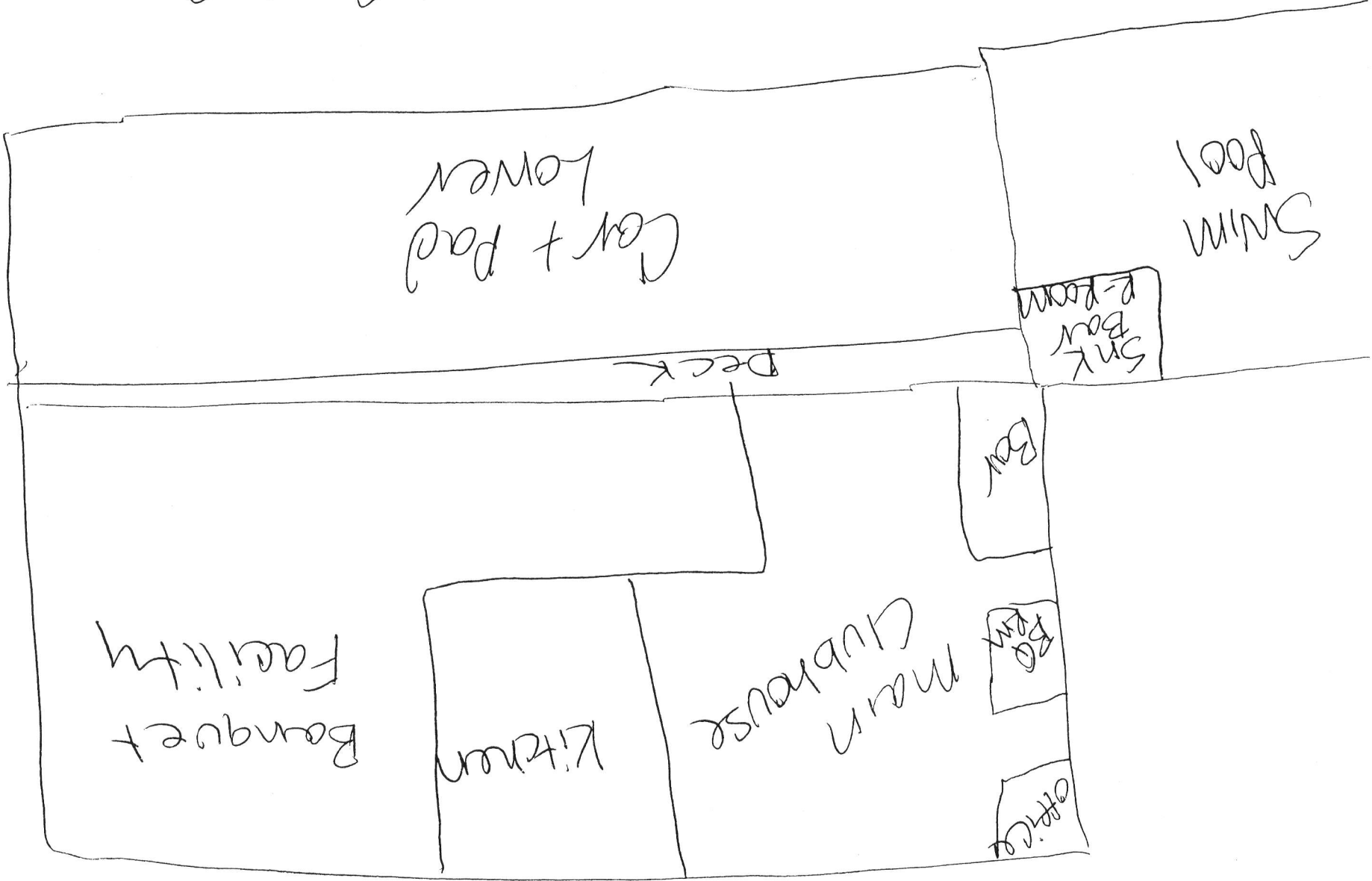
If yes, provide the Federal ID #. _____

Upper Floor



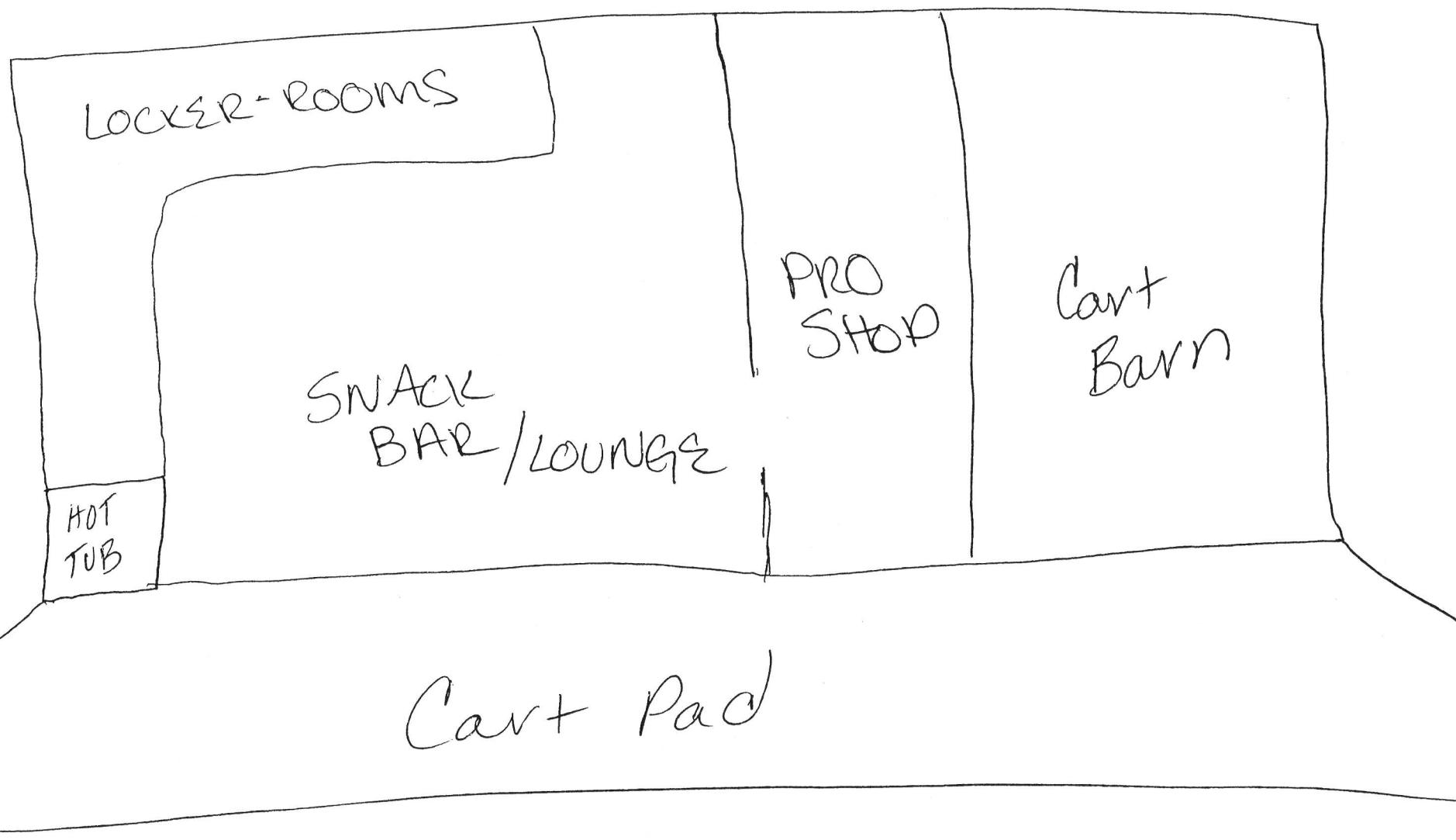
* Property Owned by the land and building owner include but are not limited to...

Restraunt Equipment. Banquet tables chairs, golf carts, Snack bar related items.



18 Holes Public Golf Course

BASEMENT



18 holes Public Golf Course
outside city limits

City

2 story & clubhouse
w/ basement

176 including
pool area, snack bar
card pad

County
entire 18 hole golf course
including maintenance
building & tennis courts

AC + H

San Mateo Ln

CHASE
City

tennis
courts

MAINT

MAINT

18 hole
golf course
County

Yonkers Hill Rd



County
Address:

4200 ~~St~~

~~Yonkers Hill~~

Yonkers Hill
Rd